FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:24

DOCUMENT # V07730 (7)

1. Corporation Name
QUALITY CONTRACT MANUFACTURING, INC.

Principal Place of Business	Mailing Address
3900 DOW RD STE E MELBOURNE FL 32934 US	3900 DOW ROAD SUITE E MELBOURNE FL 32934 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1992
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3102763 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MITCHELL, BRUCE A 1825 S RIVERVIEW DRIVE MELBOURNE FL 32901	81 Name: John R. Kancilia 82 Street Address (P.O. Box Number is Not Acceptable): 516 N. Harbor City Boulevard 83 84 City: Melbourne FL 85 Zip Code: 32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4-26-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	WADE, EARL	12 NAME		
STREET ADDRESS	590 PONDEROSA ST	13 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP		
TITLE	PC	21 TITLE		☐ Change ☐ Addition
NAME	WHITWORTH, DELIA	22 NAME		
STREET ADDRESS	3900 DOW ROAD, STE. E	23 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	GOGAN, PETER J	32 NAME		
STREET ADDRESS	1315 CYPRESS BEND CIR	33 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	D	☒ Change ☐ Addition
NAME	WADE, BRADLEY A	42 NAME		
STREET ADDRESS	590 PONDEROSA ST	43 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GOGAN, LORRAINE	52 NAME		
STREET ADDRESS	1315 CYPRESS BEND CIR	53 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP		
TITLE	ST	61 TITLE		☐ Change ☐ Addition
NAME	WADE, M. J	62 NAME		
STREET ADDRESS	590 PONDEROSA ST	63 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] M. Joyce Wade 4/21/95 407-259-3659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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